DOCUMENT RESUME

ED 416 651 EC 306 210

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TITLE People with Mental Retardation & Sexual Abuse. The Arc Q & A.
INSTITUTION Arc, Arlington, TX.
PUB DATE 1997-10-00
NOTE 4p.
AVAILABLE FROM Arc National Headquarters, 500 E. Border St., S-300, Arlington, TX 76010; phone: 817-261-6003; TDD: 817-277-0553.
PUB TYPE Information Analyses (070)
EDRS PRICE EDRS Price MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS Behavior Patterns; Child Abuse; *Incidence; Intervention; Legal Responsibility; *Mental Retardation; *Prevention; *Sexual Abuse; *Symptoms (Individual Disorders); Therapy; *Victims of Crime

ABSTRACT

This fact sheet uses a question-and-answer format to summarize information on the sexual abuse of people with mental retardation. Questions and answers address the following topics: what sexual abuse is; the incidence of sexual abuse of people with mental retardation; why sexual abuse is so common among people with mental retardation; effects of sexual abuse; the most likely abusers (people known to the victim); treatment and therapy for victims of sexual abuse; ways to reduce the incidence of sexual abuse of people with mental retardation; and what the professional or member of the general public must or should do if sexual abuse is suspected. An insert lists physical, behavioral, and circumstantial signs that suggest the possibility of sexual abuse. (DB)

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Q&A

People with Mental Retardation & Sexual Abuse

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The Arc
a national organization on mental retardation
Q&A

People with Mental Retardation & Sexual Abuse

by Leigh Ann Reynolds, M.S.S.W., M.P.A.
Health Promotion & Disability Prevention Specialist

What is sexual abuse?

Sexual abuse includes a wide range of sexual activities that are forced upon someone. People with mental retardation are often unable to choose to stop abuse due to a lack of understanding of what is happening during abuse, the extreme pressure to acquiesce out of fear, a need of acceptance from the abuser or having a dependent relationship with the abuser. Sexual abuse consists of sexually inappropriate and non-consensual actions, such as exposure to sexual materials (such as pornography), the use of inappropriate sexual remarks/language, not respecting the privacy (physical boundaries) of a child or individual (e.g., walking in on someone while dressing or in the bathroom), fondling, exhibitionism, oral sex and forced sexual intercourse (rape).

How often are people with mental retardation sexually abused?

According to research, most people with disabilities will experience some form of sexual assault or abuse (Sobsey & Varnhagen, 1989). The rate of sexual victimization in the general population is alarming, yet largely goes unnoticed. At least 20 percent of females and 5 to 10 percent of males are sexually abused every year in the U.S. Although these figures are disturbingly high, ***people with mental retardation and other developmental disabilities are at an even greater risk of sexual victimization***. Victims who have some level of intellectual impairment are at the highest risk of abuse (Sobsey & Doe, 1991).

More than 90 percent of people with developmental disabilities will experience sexual abuse at some point in their lives. Forty-nine percent will experience 10 or more abusive incidents (Valenti-Hein & Schwartz, 1995). Other studies suggest that 39 to 68 percent of girls and 16 to 30 percent of boys will be sexually abused before their eighteenth birthday. The likelihood of rape is staggering: 15,000 to 19,000 of people with developmental disabilities are raped each year in the United States (Sobsey, 1994).

Why is sexual abuse so common among people with mental retardation?

People with mental retardation may not realize that sexual abuse is abusive, unusual or illegal. Consequently, they may never tell anyone about sexually abusive situations. People with and without disabilities are often fearful to openly talk about such painful experiences due to the risk of not being believed or taken seriously. They typically learn not to question caregivers or others in authority. Sadly, these authority figures are often the ones committing the abuse. Many special education programs have encouraged students to be compliant in a wide range of life activities, ultimately increasing the child's vulnerability to abuse (Turnbull, et.al., 1994). They often think they have no right to refuse sexually abusive treatment and are not taught risk reduction skills. Risk factors associated with sexual abuse include social powerlessness, communication skill deficits, impaired judgment, family isolation/stress and living arrangements that increase vulnerability.

WHAT TO LOOK FOR

Physical Signs

Bruises in genital areas	Genital discomfort
Sexually transmitted disease	Signs of physical abuse
Torn or missing clothing	Unexplained pregnancy

Behavioral Signs

Depression	Substance abuse	Withdrawal
Atypical attachment	Avoids specific setting	Seizures
Avoids specific adults	Excessive crying spell	Regression
Sleep disturbances	Disclosure	Poor self-esteem
Noncompliance	Eating disorders	Resists exam
Self-destructive behavior	Headaches	
Learning difficulty	Sexually inappropriate behavior	

Circumstantial Signs

Alcohol or drug abuse by caregiver	Devaluing attitudes
Excessive or inappropriate eroticism	Isolation of social unit
Other forms of abuse	Previous history of abuse
Seeks isolated contact with children	Strong preference for children
Surrogate caregivers	Unresolved history of abuse
Pornography usage	

Adapted from *Violence and Abuse in the Lives of People with Disabilities* (1994), D. Sobsey.

What are the effects of sexual abuse?

Sexual abuse causes harmful psychological, physical and behavioral effects (see above chart). Individuals who experience long-term (chronic) abuse by a known, trusted adult at an early age suffer more severe damage compared to those whose abuse is perpetrated by someone not well known to the victim, begins later in life, and is less frequent and nonviolent (Tower, 1989). Regardless of the circumstances surrounding sexual abuse (e.g., length of time it occurred, who the abuser is and the victim's age), all forms of sexual abuse are serious and have the potential to be very damaging to the individual if left unaddressed and unspoken.

Who is most likely to abuse?

As is the case for people without disabilities who experience sexual abuse, those most likely to abuse are those who are known by the victim, such as family members, acquaintances, residential care staff, transportation providers and personal care attendants. Research suggests that 97 to 99 percent of abusers are

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known and trusted by the victim who has developmental disabilities (Baladerian, 1991).

While in 32 percent of cases, abusers were family members or acquaintances, 44 percent had a relationship with the victim specifically related to the person's disability (such as residential care staff, transportation providers and personal care attendants). Therefore, the delivery system created to meet specialized care needs of those with mental retardation contributes to the risk of sexual abuse.

What type of treatment or therapy is available for victims of sexual abuse?

People with developmental disabilities who have been sexually abused typically are not provided a way to "work through" or talk about their traumatic experiences in a treatment or therapeutic setting. Generally, the more severe the disability, the greater the difficulty in accessing services. This may be due to prejudices some people still have about people with disabilities. For example, the benefit of psychotherapy for people with mental retardation is questioned, as well as the impact of the abuse (whether or not abuse impacts people with mental retardation as strongly as others without disabilities).

Yet, all people who experience sexual abuse are affected and can benefit from therapeutic counseling, even if they are non-verbal. Children and adults who suffer abuse need to learn how to tell someone and who to tell. A variety of training techniques that teach self-defense, body integrity, prevention and reporting should be used. Human service workers must understand that people with developmental disabilities can and do benefit from therapy.

Locating a qualified therapist may be difficult since the person should be trained in both child/adult sexual abuse, as well as disabilities and sexuality. Payment for the therapy can be obtained through victim witness programs, community mental health centers or developmental disability centers.

How can the incidence of sexual abuse of people with mental retardation be reduced?

Society has been slow to admit that sexual abuse of people with mental retardation is not only possible, but actually happening (Baladerian, 1992).

The first step in reducing the occurrence of sexual abuse is recognizing the magnitude of the problem and confronting the ugly truth that people with mental retardation and other developmental disabilities are more vulnerable to sexual victimization than those without disabilities.

Abusers typically abuse as many as 70 people before ever getting caught. Without reporting, there can be no prosecution of offenders or treatment for victims. Underreporting of sexual abusive incidents involving people with disabilities has in the past, and continues to be, a major obstacle in preventing sexual abuse. Only three percent of sexual abuse cases involving people with developmental disabilities will ever be reported (Valenti-Hein & Schwartz, 1995). Few people ever disclose sexual abuse for a variety of understandable reasons. However such non-disclosure promotes an environment ripe for continued victimization.

Reporting can be increased through educating individuals with disabilities and service providers, improving investigation and prosecution, creating a safe environment that allows victims to disclose and, finally, employment policies must change to increase safety. For example, background checks on new employees should be conducted on a routine basis; and those with criminal records should be reported to the police, rather than firing the suspected abuser. Otherwise the individual will more than likely continue abusing others while working for future employers.

What should I do if I suspect sexual abuse?

All states have laws requiring professionals, such as institutional care providers, police officers and teachers to report abuse. All states allow the general public to report abuse as well. If you suspect a child is being sexually abused, contact your local child protective agency. If the person is an adult, contact adult protective services. These are also referred to as "Social Services," "Human Services" or "Children and Family Services" in the phone book. *You do not need proof to file a report.* If you believe the person is in immediate danger, call the police. After a report is made, the incident is referred for investigation to the state social service agency (who handles civil investigations) or to the local law enforcement agency (who handles criminal investigations). For more information on sexual abuse of people with disabilities, contact:

The National Task Force on Abuse and Disabilities
P.O. Box "T" Culver City, CA 90230
1-310-391-2420
e-mail: abuses@soca.com

The National Committee to Prevent Child Abuse
332 S. Michigan Ave., Ste. 1600, Chicago, IL 60604
1-800-555-3748
http://www.childabuse.org/index.html.

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The Arc would like to thank Dick Sobsey, R.N., Ed.D. and Nora Baladerian, Ph.D. for reviewing this document.

#101-56 Oct. 1997

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